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Bib Data Sheet

CONFIRMATION NO. 8170

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>08/605,628  | <b>FILING DATE</b><br>02/22/1996<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>3626   | <b>ATTORNEY DOCKET NO.</b><br>S4264.000/P0 |
| <b>APPLICANTS</b><br>CHARLES B. SIMONE, LAWRENCEVILLE, NJ;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 08/530,729 09/19/1995 ABN<br>WHICH IS A CON OF 08/063,734 05/20/1993 ABN  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 04/05/1996</b>  |   |                               |   |  |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> Allowance<br>Examiner's Signature _____<br>Initials _____                                | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>8                   |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                               |   |  |
| <b>ADDRESS</b><br>24998 <i>Changed per paper #35+36</i>   |   |                               |   |  |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR LIFESTYLE RISK EVALUATION AND INSURABILITY DETERMINATION   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |